

PRESCRIBER

PRESCRIBER SIGNATURE

DATE



FULL NAME

STREET ADDRESS

CITY

STATE

ZIP

NPI #

LICENSE #

PHONE

FAX

Yes, please contact the patient named below in regards to ordering this prescription.

PATIENT

FIRST NAME

LAST NAME

DRUG ALLERGIES

STREET ADDRESS

CITY

STATE

ZIP CODE

PRIMARY PHONE

CELL PHONE

WEIGHT (lbs)

SEX

DATE OF BIRTH

SMOKER?

LAND LINE

New therapy? YES NO

Reason for therapy: DIABETES WEIGHT LOSS

Ship to: PATIENT PRESCRIBER

RX Pharmacist please compound and dispense the following checked items

TARGET DOSE: 0.25MG / 0.0625MG / WEEK

Semaglutide/Cyanocobalamin 2mg/0.5mg/mL

SIG: INJ 0.125mL SQ QW FOR 4 WK

QTY: 1 mL **FILL:** 1 **REFILL:**

TARGET DOSE: 0.5MG / 0.125MG / WEEK

Semaglutide/Cyanocobalamin 2mg/0.5mg/mL

SIG: INJ 0.25mL SQ QW FOR 4 WK

QTY: 1 mL **FILL:** 1 **REFILL:**

TARGET DOSE: 1MG / 0.25MG / WEEK

Semaglutide/Cyanocobalamin 2mg/0.5mg/mL

SIG: INJ 0.5mL SQ QW FOR 4 WK

QTY: 2 mL **FILL:** 1 **REFILL:**

CUSTOM

SIG:

QTY:

FILL:

REFILL:

DISPENSE AS WRITTEN (DAW)

The formulary, dose, and or form prescribed is not commercially available to adequately meet the patient-specific therapeutic need.

INCLUDE SYRINGES

PROTOCOLS FOR A ONE MONTH (28 DAY) SUPPLY

TARGET DOSE	MEDICATION	SUGGESTED SIG	QTY
0.25 mg/dose	Semaglutide/Cyanocobalamin 2mg/0.5mg/mL	INJ 0.125mL SQ QW FOR 4 WK	1 mL
0.5 mg/dose	Semaglutide/Cyanocobalamin 2mg/0.5mg/mL	INJ 0.25mL SQ QW FOR 4 WK	1 mL
1 mg/dose	Semaglutide/Cyanocobalamin 2mg/0.5mg/mL	INJ 0.5mL SQ QW FOR 4 WK	2 mL
1.7 mg/dose	Semaglutide/Cyanocobalamin 5mg/0.5mg/mL	INJ 0.34mL SQ QW FOR 4 WK	2 mL
2 mg/dose	Semaglutide/Cyanocobalamin 5mg/0.5mg/mL	INJ 0.4mL SQ QW FOR 4 WK	2 mL
2.4 mg/dose	Semaglutide/Cyanocobalamin 5mg/0.5mg/mL	INJ 0.48mL SQ QW FOR 4 WK	2 mL

Yes, you can prescribe a starting dose of 0.25mg/wk for 4 weeks, increasing to 0.5mg/wk.

HOW TO ORDER

Prescribe the treatment plan with dose you feel best serves your patient.

Check the Dispense As Written (DAW) box.

Submit the completed and signed form to us by Toll Free Fax: **1-866-548-8621**

We will follow up with patient and confirm the order, payment, and delivery details.

PROGRAM DETAILS

To keep out-of-pocket costs low, we bill and ship on a one or two month schedule. We do not auto-ship, but confirm each order with the patient before it is released.

Please prescribe for a maximum of 3 (three) months at a time. A new prescription is required for each new dose strength.

The first order is taking between 7 – 14 days to process and deliver.

We monitor the arrival of the medication by TrackingID and make reasonable efforts to contact the patient for their next order to allow sufficient time for order processing and delivery.

Please monitor your patient's progress and submit a new prescription to us if you need to change the dosing.

STORAGE AND SHIPPING

SEMAGLUTIDE+ prior to first use SHOULD be stored in a fridge 2°C to 8°C (36°F to 46°F). After first use, continue to store in fridge and after 8 weeks discard any unused portions. Protect the product from excessive heat and sunlight.

Orders are shipped directly from the pharmacy to the patient's address.